

10-11-05

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22120 7590 08/04/2005

ZAGORIN O'BRIEN GRAHAM LLP
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10/12/2005 EAREGAY2 00000056 09888708

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		(Depositor's name)
EV735338495US		(Signature)
		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/888,708	06/25/2001	Michael H. Peirott	026-0015	8814

TITLE OF INVENTION: METHOD AND APPARATUS FOR BIT ERROR RATE DETECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$0	\$1400	11/04/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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LAMARRE, GUY J	2133	714-704000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>ZAGORIN O'BRIEN</u> <u>GRAHAM LLP</u> 2. _____ 3. _____
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Silicon Laboratories Inc.

Austin, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Issue Fee
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0631 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Nicole Teitler CaveDate 10/7/05Typed or printed name Nicole Teitler CaveRegistration No. 54,021

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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